Approved for use through 7/31/2006, OMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid OMB control number. U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) BASIC FEE FEE (1) RATE (S) [37 CFR | 16(4), [0], or (c)) N/A FEE (\$) N/A NIA 150.00 N/A SEARCH FEE 300.00 N/A (37 CFR 1 16(N). (i), or (m)) N/A NVA \$250 NIA EXAMINATION FEE \$500 (37 CFR 1 16(0). (p). or (q)) 'N/A N/A **\$100** TOTAL CLAIMS NA \$200 (37 OFR 1 16(0) X\$ 25 minus 20 e X\$50 INDEPENDENT CLAIMS OR (37 CFR 1 16(h)) minus 3 = X100 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) +180= +360= * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST ⋖ REMAINING NUMBER! PRESENT RATE (\$) ADDI-AFTER PREVIOUSLY RATE (\$) EXTRA ADOI-AMENDMENT TIONAL PAID FOR TIONAL ū FEE (S) Total Minus FEE (\$) (37 CFR 1.16()) X5 25 7750 OB DICER LIGHT Manus ũ X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(1)) +180= +360= QR TOTAL TOTAL ADO'L FEE ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) AFTER ADDI-PREVIOUSLY RATE (\$) EXTRA ADOI-AMENOMENT TIONAL PAID FOR TIONAL Total profe 1.16(1) FEE (S) FEE (D) Minus X\$ 25 . Independent OT CFR 1.18(h)). X\$50 OR Minus X100. X200 Application Size Fee (37 CFR 1.16(s)) OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

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NOMENT

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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+180=

ADD'L FEE

TOTAL

+360=

ADD'L FEE.

TOTAL

OR

OR

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